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APPLICATION NO.	FILING DATE		FURST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/595,270 06/14/2006		Micha Kaufman			06727/0204277-US0	6517
TITLE OF INVENTION:	MULTIFOCAL LENS					
APPLN, TYPE	SMALL ENTITY	ISSUB FEB DUE	PUBLICATION PEE DU	PŘEV. PAID ISSUI	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	09/21/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SPECTOR, DAVID N		2873	359-245000			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.953). Classage of correspondence address for Change of Correspondence Address from PTO/SB/12) statched. Fee Address from PTO/SB/12 Address address from PTO/SB/12 (and the Address address from PTO/SB/12) and the PTO/SB/12 (and the Address address from PTO/SB/12) (and the Address from			2. For printing on the patent front page, list (1) the assume of up to 1 registered patent attorneys or agents OR, elternatively. (2) the name of a single frem (having as a member a registered attorney or agent) and the mapset of up to listed, no name will be printed.			
3. ASSIGNEE NAME AN	ID RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or	type) Rec. 06/1	1/2006 R/F: 01802	21 / 0739
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
INVISIA LTD.			Binyamina, ISRAEL			
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government						
4a. The following fee(s) are submitted: 43 Issue Fee 44 Ed Issue Fee 45 Issue Fee 46 Advance Order - 8 of Copies 47 Advance Order - 8 of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is eacloued. EPThe Director is hereby suthorized to charge (be gauged fee(s), any deficiency, or credit any overpayment, to Depoint Account Namber 04-1010 (enclose an extra copy of this form).			
5. Change in Entity State a. Applicant claims	s (from status indicated SMALL ENTITY statu		☐ b. Applicant is no l	onger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature	57 Va	iM	- Cinaci		9-20-07	
Typed or printed name	s. Peter	Ludwig	· ·		0. 25,351	
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